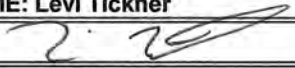


OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Wallowa**
 Month/Year: **Apr-23**

System Name: **City of Joseph** ID#: **41 00414** WTP: **TP -**

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day ¹ [NTU]
1			0.10				0.10
2			0.11				0.11
3			0.09				0.09
4			0.13				0.13
5			0.08				0.08
6			0.06				0.06
7			0.12				0.12
8			0.10				0.10
9			0.11				0.11
10			0.13				0.13
11			0.12				0.12
12			0.10				0.10
13			0.10				0.10
14			0.10				0.10
15			0.10				0.10
16			0.07				0.07
17			0.07				0.07
18			0.08				0.08
19			0.12				0.12
20			0.09				0.09
21			0.10				0.10
22			0.11				0.11
23			0.11				0.11
24			0.11				0.11
25			0.10				0.10
26			0.10				0.10
27			0.11				0.11
28			0.12				0.12
29			0.10				0.10
30			0.09				0.09
31							

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ²	Yes	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes	Yes	Yes
Notes:	PRINTED NAME: Levi Tickner		
	SIGNATURE: 		DATE: 5/10/2023
	PHONE # (541)760-9362		CERT #: T-008780

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :

System Name: City of Joseph ID#: 41 00414 Month/Year: Apr-23 Disinfection *Giardia* Log Inactiv: 1.0

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/l]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.48	1604	769.9	7.3	7.39	49.9	YES	321
2	0.48	1586	761.3	7.8	7.67	53.3	YES	325
3	0.48	1640	787.2	7.5	7.68	54.6	YES	315
4	0.5	1618	809.0	7.3	7.64	54.7	YES	318
5	0.5	1570	785.0	7.2	7.68	55.8	YES	328
6	0.51	1608	820.1	7.3	7.66	55.1	YES	320
7	0.51	1639	835.9	7.6	7.70	54.8	YES	315
8	0.56	1607	899.9	7.5	7.71	55.7	YES	320
9	0.49	1697	831.5	8.1	7.65	51.9	YES	305
10	0.47	1625	763.8	8.0	7.66	52.3	YES	318
11	0.45	1695	762.8	8.1	7.67	52.1	YES	305
12	0.51	1608	820.1	8.4	7.68	51.6	YES	320
13	0.52	1838	955.8	7.7	7.55	51.6	YES	281
14	0.51	1603	817.5	8.2	7.66	51.9	YES	321
15	0.51	1701	867.5	7.9	8.44	70.2	YES	303
16	0.5	1583	791.5	8.2	7.62	51.1	YES	325
17	0.57	1745	994.7	8.3	8.47	69.5	YES	294
18	0.52	1516	788.3	8.2	8.44	68.8	YES	340
19	0.51	1639	835.9	8.1	7.69	52.8	YES	315
20	0.52	1609	836.7	7.9	7.68	53.4	YES	320
21	0.56	1611	902.2	8.0	7.74	54.4	YES	320
22	0.62	1449	898.4	7.9	7.67	53.8	YES	355
23	0.69	1545	1066.1	8.3	7.66	52.6	YES	333
24	0.7	1511	1057.7	8.0	7.62	53.0	YES	340
25	0.68	1559	1060.1	8.1	7.66	53.3	YES	330
26	0.67	1540	1031.8	8.6	7.67	51.6	YES	335
27	0.77	1001	770.8	6.7	7.65	58.9	YES	480
28	0.67	1429	957.4	6.3	7.62	59.2	YES	360
29	0.57	1386	790.0	6.5	7.68	59.0	YES	370
30	0.78	1089	849.4	7.0	8.25	71.9	YES	472
31								

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350